

CLAIMS ONLY

Application Number

10/614114

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Claims						

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100												
Total Indep	2		2		2							
Total Depend	46		46		48							
Total Claims	48		48		50							

BEST AVAILABLE COPY